model, a system that the employer pays, that the individual pays, a system now where the hospitals, because they won't have such uncompensated care, will be contributing a bit, and where the insurers are going to be making sure that more goes into health care.

And there's the other plan that will come out here, Mr. WYDEN's bill, that deserves to be looked at, where the individual is going to pay. There's again, the single payer plan. And then there's the other groups that say, well, let's just kind of work on the edges and keep covering more and more of the uninsured and then see what it looks like when we're done.

So maybe we could have more back and forth dialogue, but this is something I deeply believe in. And I appreciate the work that's gone in by you and your staff. And now, my staff as well.

And this is a debate that Congress needs to say, let's begin it. Let's have a hearing in the House and in the Senate on this legislation, on the other legislation. Let's understand the impact on individuals and on employers.

So this is a lot of fun for me to be out here with you.

Mr. LANGEVIN. I thank the gentleman for his words and also his passion and support on this bipartisan universal health care bill. Your input has been invaluable in crafting this bipartisan bill and bringing it to where it is today, and we hope that this, now, continues, where we begin the process of fixing our health care system, bringing it to the top of the public policy agenda. It is clearly long overdue.

The American people are asking, they're demanding that we fix our health care crisis, and that we cover the uninsured, not only cover the uninsured, but making health care affordable. This is something that's long overdue.

I think it's a national disgrace that we have 47 million people in this country without health insurance. And as we have both pointed out, that because of that, it's a major contributing factor in that we have the highest cost and the worst outcomes in comparison to other industrialized nations. Again, the high number of uninsured is a major contributing factor to that statistic.

So the fact that we have a bill now is exciting because it's based on a template, a tried and true program that's already working.

When I first came to this debate, I said, this is one of the most, the biggest challenges facing our country right now. And I said, why can't we solve it? And is there anything out there that is working now that serves as an example of what we could base a universal health care system on?

And after studying it and looking at it, I said it's really right before us, and that's the Federal employees health benefits program. Right now, we have, the Federal Government, as mentioned earlier, negotiates a variety of different health care plans for more than 8 million Federal employees, dependents and retirees. You've got everything, and the choices of options that are available, from the very basic plan with the small premium and the small copay, up to the more classic comprehensive Blue Cross-type plans and everything in between.

Mr. SHAYS. And if I could just jump in. The key that you make is that there are 8 million individuals, either actively working for the government or retired, who are part of the same pool, and so the purchasing power becomes more powerful.

Mr. LANGEVIN. That's right. Using bulk purchasing power is the thing, by getting more people into one insurance pool, we spread risk around, and it achieves cost containment and stability in the system.

Mr. SHAYS. And the exciting part, I think, or the very sensible part of what we have as Federal employees, because as Congressmen, we have that same plan that all Federal employees have, is that we can choose to upgrade our plan and spend 28 percent on the more expensive plan, or we can choose to lower it each year. But we never have a problem of there being a pre-existing condition.

And thinking how it would work in the private sector, you move to another job and you will be able to keep the same plan. Or you are unemployed. You lost your job. And you have this huge fear of buying COBRA and having to pay all of the cost, and you can't. You're not working. In this case, you would be part of the government coverage, and it would be paid for almost entirely by the government, in that instance, until you were back working.

And what's hugely important about that is to recognize though, that that individual wouldn't, then, be able to get the most expensive plan, they'd have the basic plan. But the basic plan is a good plan.

Mr. LANGEVIN. That's right. Absolutely. And it's equally important to recognize that this is not a big government-run plan. We're not creating another big government bureaucracy. It's government negotiated but it's private competition. It's managed competition. Private insurers would be able to compete for now enrollees based on benefits, efficiency service and price. So the insurance companies have an incentive now to economize, find efficiencies. They would have to deliver on what has been negotiated in the various plans, and that would be clearly spelled out, but they would now be challenged to find ways to do things like invest in preventative and early care, which there really isn't necessarily the incentive, I believe, right now for insurers to do that, because, for example, when it's tied to employment, you know, we all, people change jobs several times throughout their careers. There's no guarantee that an enrollee that starts with an insurance company today is going it would be Insurance Company B, you know, wouldn't be with the Insurance Company A years down the road. They would be with potentially another insurance company, which means, you know, why should Insurance Company A invest in all this early preventative care, when, down the road, when someone gets older and we all become greater consumers of health care, that, why would they, that company wouldn't benefit from the investment that they made, where under this system they would. You may change plans within a particular company, but you may very well be with the same insurance company or plan throughout most of your life.

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Mr. SHAYS. I love to talk about this and just delve into the preventative care part even more.

The insurance company isn't guaranteed that that individual will be with them for life. But they are aware that the insurance company's part of the American Health Benefit Plan and that all of the other insurers, as well, have to focus on preventative care. And that's going to be hugely important how people take care of themselves; are they having physical checkups, but more importantly, how do they take care of themselves? Are they smoking? Are they overweight?

You are going to have insurance companies that are going to provide incentives for people, one, to not smoke; to provide incentives for them to lose weight; and this is going to also include a health savings account for those who want it. And the significance of that will be that it becomes a high deductible.

So they would have to put in for the first few thousand dollars, but it comes out of what they put into a savings account. And if they don't spend it, then it stays in that savings account. And then there has been no cost to the insurer and, in this case, it will be a less expensive plan to the government as well.

Mr. LANGEVIN. Right.

Mr. SHAYS. I would love to, if you wouldn't mind, just point out that what we have done in this legislation is that when the bill passes, it will take 2 years to be implemented so that as we vote out the legislation with whatever changes are in there, it may be that the amount that an employer has to put into the system may be higher or lower in certain numbers of employees and so on; and we can go back to that chart in a second. But we want to have time to write the legislation but then to examine it during the course of the 2 years.

And one of the things that we've done is that we require there to be a health benefits commission. And the significance of that is that we don't want the United States to be spending so much more than other countries. So much of our wealth and our income is going into health care, and we would like it to be less.